

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5610				05619			
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 163							
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Kentucky</u>		COUNTY	
X CITY (If outside corporate limits, write RURAL OR give nearest town) <u>Bloomington</u>		LENGTH OF STAY (If that place) <u>3 days</u>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Fort Campbell</u> <u>55X3</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (First) <u>Daniel</u> (Middle) <u>Lewis</u> (Last) <u>Bever</u>				4. DATE OF DEATH (Month) <u>June</u> (Day) <u>17</u> (Year) <u>1955</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>single</u>	8. DATE OF BIRTH: <u>10/12/1933</u>	9. AGE last birthday: <u>21</u> yrs.	IF UNDER 1 YEAR: Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>armed forces</u>			10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): <u>Bloomington, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Daniel Bever</u>				14. MOTHER'S MAIDEN NAME: <u>Nellie Jose</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>YES</u>		16. SOCIAL SECURITY No.: <u>MARCH 1964 2-20-30-7881</u>		17. INFORMANT & ADDRESS: <u>Milton Bever, Bloomington, Md.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
823X Immediate cause (a) <u>Fractures Skull</u> DUE TO Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)						45 min.	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Fracture Rt. Mandible</u>							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:					
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY: <u>near Bloomington Garrett Md</u>		21c. (City or town) (County) (State)		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: <u>June 17 - 1955 1:30 PM.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck went out of control</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE: <u>D. D. Baumgartner</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>6/17/55</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>					
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF: <u>6/20/55</u>		NAME OF CEMETERY OR CREMATORY: <u>Bethel Cem</u>		LOCATION (City, town, or county) (State): <u>Garrett ct., Md.</u>	
DATE REC'D BY LOCAL REG. <u>6-20-55</u>		REGISTRAR'S SIGNATURE: <u>Dorsey Patterson</u>		24. FUNERAL DIRECTOR: <u>E. S. Boal</u>		ADDRESS: <u>Westernport, Md.</u>	

RECEIVED
JUN 23 1955
BUREAU V. S.

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05620

5611

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH COUNTY GARRETT CITY (If outside corporate limits, write RURAL OR send give nearest town) KITZMILLER TOWN KITZMILLER HOSPITAL OR INSTITUTION OR STREET ADDRESS COR. W. MAIN & 2ND. AVE.				2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY GARRETT CITY (If outside corporate limits, write RURAL and give nearest town) KITZMILLER TOWN KITZMILLER STREET ADDRESS (If rural give location) COR W. MAIN & 2ND. AVENUE			
3. NAME OF DECEASED (Type or Print) (First) ELECTIE (Middle) BEULAH (Last) BISHOP				4. DATE OF DEATH (Month) JUNE (Day) 12 (Year) 1955			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 16, 1876	9. AGE last birthday 79 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) JOB, RANDOLPH CO. W. VA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JACOB K. RODAMAN				14. MOTHER'S MAIDEN NAME ALICE WHITE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT & ADDRESS JOHN BISHOP, KITZMILLER, MD.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 157X IMMEDIATE CAUSE (A) Acute Myocardial Insufficiency ANTECEDENT CAUSE(S) DUE TO Corruption of the heart of the DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Pancreas with metastasis in liver				3 days			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				1 yr.			
19a. DATE OF OPERATION March 1955		19b. MAJOR FINDINGS OF OPERATION Corruption of heart of pancreas with metastasis to liver		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21a. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 12, 1954 , to June 12, 1955 , that I last saw the deceased alive on June 12, 1955 , and that death occurred at 2:20 A.M. from the causes and on the date stated above.							
SIGNATURE Ralph Calandrella M.D.				DATE SIGNED June 13-55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 6/14/55		NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY		LOCATION (City, town, or county) (State) ELK GARDEN, Mineral Co. W. Va.	
24. REC'D BY REGISTRAR DATE June 13-55		REGISTRAR'S SIGNATURE AW Barrick		25. FUNERAL DIRECTOR'S SIGNATURE OH Sharpless ADDRESS Blaine, W. VA.			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

20

TABLE 2

5-11-52

6376

EUREKA • FEB. 3, 1992 • 103

SYNOPSIS: GNS & RECH. W. 100

SECRET

1976. 12. 17

U.S. GOVERNMENT PRINTING OFFICE

WILLIAM BOLLA

2000

ON SUBSTITUTED PHENOL WHOLE

5704

BUREAU V. S.

JUN 15 1955

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05/14/83

TRAINING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A19C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05621

5612

CERTIFICATE OF DEATH

item 9, film 183 7-5-55 et

Reg. Dist. No. 162

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>X</u>		<u>life</u>		TOWN <u>Grantsville, Rural</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>00 Grantsville, RD #2</u>				<u>1</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>GEORGE</u> (Middle) <u>LEWIS</u> (Last) <u>BROADWATER</u>				(Month) <u>June</u> (Day) <u>25</u> (Year) <u>19 55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>male</u>	<u>white</u>	<u>widowed</u>	<u>July 17, 1868</u>	<u>87</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Farmer Retired</u>		<u>own farm</u>		<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>William Broadwater</u>				<u>Esther Jenkins</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
<u>none</u>		<u>none</u>		<u>R. Lee Broadwater, Grantsville, RD 2</u>			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>491X Primary broncho pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Generalized arteriosclerosis</u>				<u>20 years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>None</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
<u>none</u>		<u>—</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
<u>—</u>		<u>—</u>		<u>—</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
<u>—</u>		<u>—</u>		<u>—</u>			
22. I hereby certify that I attended the deceased from <u>6/1/55</u> , 19 <u>55</u> , to <u>6/25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/25</u> , 19 <u>55</u> , and that death occurred at <u>5:15 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>G. Paige Strong</u> M.D.				DATE SIGNED <u>Salisbury, Penna. 6/27/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>6/28/55</u>		<u>NEWGERMAN REFORMED CEM</u>		<u>NEWGERMAN GARRETT Co, MD</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>June 27/55</u>		<u>E. H. Broadwater</u>		<u>Donald J. Newman</u>		<u>Grantsville, Md.</u>	

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD

Reg. No. 100

1. USUAL RESIDENCE HOME OR BUSINESS

NAME: *John A. Smith*
 SEX: *Male*
 AGE: *45*
 OCCUPATION: *Engineer*

MARYLAND

COUNTY: *Prince Georges*

DATE OF DEATH: *June 28, 1955*

PLACE OF DEATH: *Home*

CAUSE OF DEATH: *Heart Disease*

IMMEDIATE CAUSE: *Myocardial Infarction*

UNDERLYING CAUSE: *Coronary Artery Disease*

PERMANENT CAUSE: *Arteriosclerosis*

PERMANENT CAUSE: *Hypertension*

PERMANENT CAUSE: *Diabetes Mellitus*

PERMANENT CAUSE: *Obesity*

PERMANENT CAUSE: *Smoking*

PERMANENT CAUSE: *Alcoholism*

PERMANENT CAUSE: *Chronic Kidney Disease*

PERMANENT CAUSE: *Chronic Liver Disease*

PERMANENT CAUSE: *Chronic Lung Disease*

PERMANENT CAUSE: *Chronic Stomach Disease*

PERMANENT CAUSE: *Chronic Intestine Disease*

PERMANENT CAUSE: *Chronic Skin Disease*

PERMANENT CAUSE: *Chronic Bone Disease*

PERMANENT CAUSE: *Chronic Nervous System Disease*

BUREAU V. S.

JUN 29 1955

RECEIVED

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05622

5613

CERTIFICATE OF DEATH

Reg. Dist. No. 166

Item 9, Film G183 6-28-55 et

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		STATE Maryland		COUNTY Garrett			
CITY (If outside corporate limits, write RURAL and give nearest town) Oakland		LENGTH OF STAY (in this place) 19 days		CITY (If outside corporate limits, write RURAL and give nearest town) Mountain Lake Park			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Co. Memorial Hospital				STREET ADDRESS (If rural give location) 			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) Charles		(Middle) Robert		(Last) DeWitt		June 15 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 27, 1902	9. AGE last birthday 52 53 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Co. Road Employ		10b. KIND OF BUSINESS OR INDUSTRY Co. Road Employ		11. BIRTHPLACE (State or foreign country) Carmel, W. Va.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME DeWitt, Matthew				14. MOTHER'S MAIDEN NAME Field, Fannie B.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes		16. SOCIAL SECURITY NO. 214-01-9755		17. INFORMANT & ADDRESS George DeWitt, Sang Run, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
416X IMMEDIATE CAUSE (A) Cardiac Failure with Uremia						6 weeks?	
ANTECEDENT CAUSE(S) DUE TO Old Rheumatic Carditis						Years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/14, 1955, to 6/15, 1955, that I last saw the deceased alive on 6/15, 1955, and that death occurred at 2:05 PM, from the causes and on the date stated above.							
SIGNATURE <i>Thomas J. [Signature]</i>				ADDRESS (Street, city, town, state) 77 Oak St., Oakland, Md.		DATE SIGNED 6/15/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6/17/55		NAME OF CEMETERY OR CREMATORY Hoyes Cemetery		LOCATION (City, town, or county) (State) near Accident, Md.	
24. REC'D BY REGISTRAR 6/17/55		REGISTRAR'S SIGNATURE <i>Julius A. Rowan</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Emory Bolden</i>		ADDRESS Oakland, Md.	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

CERTIFICATE OF DEATH

Reg. No. 12345

1. NAME OF DECEASED: [Illegible]

2. SEX: [Illegible]

3. AGE: [Illegible]

4. DATE OF BIRTH: [Illegible]

5. PLACE OF BIRTH: [Illegible]

6. DATE OF DEATH: [Illegible]

7. TIME OF DEATH: [Illegible]

8. CAUSE OF DEATH: [Illegible]

9. PLACE OF DEATH: [Illegible]

10. SIGNATURE OF DECEASED: [Illegible]

11. SIGNATURE OF WITNESS: [Illegible]

12. SIGNATURE OF PHYSICIAN: [Illegible]

13. SIGNATURE OF CORONER: [Illegible]

14. SIGNATURE OF JURY: [Illegible]

15. SIGNATURE OF JUDGE: [Illegible]

16. SIGNATURE OF CLERK: [Illegible]

17. SIGNATURE OF NOTARY: [Illegible]

18. SIGNATURE OF [Illegible]: [Illegible]

19. SIGNATURE OF [Illegible]: [Illegible]

20. SIGNATURE OF [Illegible]: [Illegible]

21. SIGNATURE OF [Illegible]: [Illegible]

22. SIGNATURE OF [Illegible]: [Illegible]

23. SIGNATURE OF [Illegible]: [Illegible]

24. SIGNATURE OF [Illegible]: [Illegible]

25. SIGNATURE OF [Illegible]: [Illegible]

26. SIGNATURE OF [Illegible]: [Illegible]

27. SIGNATURE OF [Illegible]: [Illegible]

28. SIGNATURE OF [Illegible]: [Illegible]

29. SIGNATURE OF [Illegible]: [Illegible]

30. SIGNATURE OF [Illegible]: [Illegible]

1. NAME OF DECEASED: [Illegible]

2. SEX: [Illegible]

3. AGE: [Illegible]

4. DATE OF BIRTH: [Illegible]

5. PLACE OF BIRTH: [Illegible]

6. DATE OF DEATH: [Illegible]

7. TIME OF DEATH: [Illegible]

8. CAUSE OF DEATH: [Illegible]

9. PLACE OF DEATH: [Illegible]

10. SIGNATURE OF DECEASED: [Illegible]

11. SIGNATURE OF WITNESS: [Illegible]

12. SIGNATURE OF PHYSICIAN: [Illegible]

13. SIGNATURE OF CORONER: [Illegible]

14. SIGNATURE OF JURY: [Illegible]

15. SIGNATURE OF JUDGE: [Illegible]

16. SIGNATURE OF CLERK: [Illegible]

17. SIGNATURE OF NOTARY: [Illegible]

18. SIGNATURE OF [Illegible]: [Illegible]

19. SIGNATURE OF [Illegible]: [Illegible]

20. SIGNATURE OF [Illegible]: [Illegible]

21. SIGNATURE OF [Illegible]: [Illegible]

22. SIGNATURE OF [Illegible]: [Illegible]

23. SIGNATURE OF [Illegible]: [Illegible]

24. SIGNATURE OF [Illegible]: [Illegible]

25. SIGNATURE OF [Illegible]: [Illegible]

26. SIGNATURE OF [Illegible]: [Illegible]

27. SIGNATURE OF [Illegible]: [Illegible]

28. SIGNATURE OF [Illegible]: [Illegible]

29. SIGNATURE OF [Illegible]: [Illegible]

30. SIGNATURE OF [Illegible]: [Illegible]

RECEIVED

BUREAU V. S.

JUN 23 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5614

CERTIFICATE OF DEATH

Reg. Dist. No. 166

05623

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MD		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN OAKLAND				TOWN OAKLAND		MD. X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
100							
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) MARY (Middle) CECELIA (Last) KERINS				JUNE 19 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 Year	IF UNDER 24 HRS.	
FEMALE	WHITE	SINGLE	NOV. - 1877	77 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE				SWANTON MD		U.S.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
JAMES KERNS				MARGARET MELVIN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				JAMES KERNS OAKLAND MD.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
450.0 IMMEDIATE CAUSE (A)				Interval BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO				5 days			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE				5 years			
STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-12, 1955, to 6-18, 1955, that I last saw the deceased alive on 6-18, 1955, and that death occurred at 6:30 A.M. from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
W. E. Maurice				Oakland Md 20 June 55			
M.D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		JUNE 21 1955		OAKLAND CEMETERY		OAKLAND MD.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
6/21/55		Julia A Rowan		Emory Boldin		OAKLAND MD	
DATE							

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Wang, George H. K.

S. I. H. W. L. A. 1987

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2014. 12. 26

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NOV 4 1961 T394974N

JAMES HENRY CANTRELL

BUREAU V. S.

11 1955

DEAD

1992

1950

CONFIDENTIAL

James M. Smith

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5615

CERTIFICATE OF DEATH

05624

166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT.		MARYLAND		STATE MD		COUNTY GARRETT.	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN DEER PARK.		4 WEEKS.		TOWN DEER PARK		MD.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
13. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) BERTIE (Middle) MAY (Last) KING.				(Month) JUNE (Day) 19 (Year) 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
FEMALE	WHITE	MARRIED	FEB-13-1879	75 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
COOK				DEER PARK.		U.S.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
HENRY HARDESTY.				JULIA TASKER.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
		213-14-6073		ASHFUL KING DEER PARK MD			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
442X IMMEDIATE CAUSE (A) acute Pulmonary Edema				1 day			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE				Myocardial Ischemy			
STATING UNDERLYING CAUSE LAST. DUE TO				1 week			
(C) Coro-Vascular Renal Edema with edema				1 yr.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 18, 1955 , to June 19, 1955 , that I last saw the deceased alive on June 18, 1955 , and that death occurred at 9 A.M. from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
Ralph Calandrillo M.D.				June 20-55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		JUNE 22-1955		DEER PARK CEMETERY		DEER PARK MD.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
June 22/55		Julia A. Rowan		Emory Bolden		OAKLAND MD.	

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE HERE NAME OF DECEASED

DEER PARK MD
GARRETT MD

DEER PARK MARYLAND
GARRETT

DATE OF DEATH
JULY 11 1955
BETHEL WAY KING

DECEASED FEMALE WHITE

AGE

HENRY HARDESTY

DEER PARK

213-14-6013 ASHLEY KING DEER PARK

BUREAU V. 2

JUL 11 1955

RECEIVED

DEER PARK MARYLAND

1
INSTRUCTIONS
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.
VS A15C 1-57 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5616

CERTIFICATE OF DEATH

05625

Reg. Dist. No. 111

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MARYLAND		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
X TOWN OAKLAND		19 DAYS		TOWN MT. LAKE PARK, MARYLAND		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
70 GARRETT COUNTY MEMORIAL HOSPITAL				/			
3. NAME OF DECEASED (First) (Middle) (Last)			4. DATE OF DEATH (Month) (Day) (Year)				
EMMA ROSA MC GILL			6 22 19 55				
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
FEMALE	WHITE	WIDOWED	MAY 2, 1880	75 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?		
HOUSEWIFE					U.S.A.		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
NICHOLAS, BOLYARD				JEFFREYS, CARRIE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS		
9					MABEL MC GILL, MT. LAKE PARK, MD.		
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				2 Days			
442X IMMEDIATE CAUSE (A) Bronchopneumonia Terminal				4 Days			
ANTECEDENT CAUSE(S) DUE TO				10 years			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cardio-renal disease (arteriosclerotic)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 3, 1955, to June 22, 1955, that I last saw the deceased alive on June 22, 1955, and that death occurred at 8:45 P.M. from the causes and on the date stated above.							
SIGNATURE Andrew E. Mance M.D.				ADDRESS (Street, city, town, state) Oakland Md		DATE SIGNED 23 June 55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Removal		6/24/55		Shay's Cemetery		near Newburg, W. Va.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 6/23/55		Julia A. Rogers		Emory Bolden		Oakland, Md.	

CERTIFICATE OF DEATH

5218

DATE OF DEATH

ALL INFORMATION FURNISHED HEREON IS UNOFFICIAL

DATE OF DEATH

DECEASED

CERTIFICATE

DECEASED

DECEASED

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BUREAU V. S.

DATE OF DEATH

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05626
5617 CERTIFICATE OF DEATH Reg. Dist. No. 9

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Garrett		MARYLAND		STATE Maryland		COUNTY Garrett	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Rt. 2, Frostburg		life		TOWN Rt. 2, Frostburg			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
DECEASED: SAMANTHA (WARNER) McKENZIE				OF DEATH: June 19, 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
female	white	married	6-5-1889	66 yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
housework		own home		Maryland		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Washington Warner				Nancy Engle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
9 (If Yes, give war or dates of service)		none		Joseph McKenzie, Rt. 2, Frostburg			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
163X IMMEDIATE CAUSE (A) Carcinoma right-lung						6 mos.	
ANTECEDENT CAUSE (S): (B) Chronic cholecystitis							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Cholelithiasis						?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
0							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-1, 1955 , to 6-19, 1955 , that I last saw the deceased alive on 6-19, 1955 , and that death occurred at 7 A.M. from the causes and on the date stated above.							
SIGNATURE		M. D.		ADDRESS		DATE SIGNED	
J. E. Diehl		Frostburg, Md.		6/21/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		6-22-1955		Greenville Cemetery		Pocohontas, Pa.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
6-22-55		Mrs. Nancy A. Roe		J. R. Durst		Frostburg, Md.	

DEPARTMENT OF HEALTH - BALTIMORE, MD.
CERTIFICATE OF DEATH

FILE NO. 10-1-10-10-10

1. Name of deceased: [illegible]

2. Sex: [illegible]

3. Age: [illegible]

4. Date of birth: [illegible]

5. Place of birth: [illegible]

6. Date of death: [illegible]

7. Time of death: [illegible]

8. Cause of death: [illegible]

9. Place of death: [illegible]

10. Signature of physician: [illegible]

11. Signature of registrar: [illegible]

12. Signature of undertaker: [illegible]

13. Signature of coroner: [illegible]

14. Signature of medical examiner: [illegible]

15. Signature of health officer: [illegible]

16. Signature of [illegible]: [illegible]

17. Signature of [illegible]: [illegible]

18. Signature of [illegible]: [illegible]

19. Signature of [illegible]: [illegible]

20. Signature of [illegible]: [illegible]

21. Signature of [illegible]: [illegible]

22. Signature of [illegible]: [illegible]

23. Signature of [illegible]: [illegible]

24. Signature of [illegible]: [illegible]

25. Signature of [illegible]: [illegible]

26. Signature of [illegible]: [illegible]

27. Signature of [illegible]: [illegible]

28. Signature of [illegible]: [illegible]

29. Signature of [illegible]: [illegible]

30. Signature of [illegible]: [illegible]

BUREAU V. S.

JUN 24 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5618

CERTIFICATE OF DEATH

Reg. Dist. No. 166

05627

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT.</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>GARRETT.</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>X</u> TOWN <u>RURAL GORMAN MD.</u>				TOWN <u>RURAL GORMAN MD. X</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>STEVE DOUGLAS REALL.</u>				<u>JUNE 21 1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>MALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>AUG.-26-1892</u>	<u>62</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>LUMBERMAN.</u>					<u>BARRETT'S. MD.</u>		<u>U.S.</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>CLAY REALL.</u>				<u>BETTY JANE EYES.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
		<u>279-16-3136</u>		<u>MRS. ALICE REALL. WYA. BOX-624. MORGANTOWN.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>420.1</u> IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u>						<u>Sudden</u>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO						<u>5 years</u>	
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 54</u>, 19<u>50</u>, to <u>Feb</u>, 19<u>55</u>, that I last saw the deceased alive on <u>Feb</u>, 19<u>55</u>, and that death occurred at <u>1013</u> A.M. from the causes and on the date stated above.							
SIGNATURE		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Kelth Colon della</u>		<u>JUNE 24-1955</u>		<u>BAYARD CEMETERY</u>		<u>BAYARD W. VA.</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24. REC'D BY REGISTRAR		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>BURIAL</u>		<u>6/24/55</u>		<u>Emory Bolden</u>		<u>OAKLAND MD.</u>	

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - BALTIMORE 12

1912

Garrett, M.D.
Rural German MD

Garrett, M.D.
Rural German MD

Steve Douglas REALT.
Wife White married Aug-26-1911
Lumberman
Clay REALT.
Bettie Jane Eyes
BARRETTS MD. U.S.

3rd-10-318 Mrs. Alice REALT. N.Y. 100-01
Governor Thompson
Governor Hunt Disease

BUREAU V. 2

APR 11 1955

Feb 20 1912

Feb 20

RECEIVED

General Cemetery
Baltimore, Maryland
Buried
Feb 20 1912
John Colwell

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5619

CERTIFICATE OF DEATH

05628

166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		MARYLAND		STATE Maryland		COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and give nearest town) Rural Gorman		LENGTH OF STAY (in this place) 44 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) Rural Gorman			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Mi. West Gorman				STREET ADDRESS (If rural give location) 5 Mi. West Gorman			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) Rosie		(Middle) Virginia		(Last) Shreve		(Month) June 17, (Day) 19 (Year) 55	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH March 15, 1880	9. AGE last birthday 75 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Armentrout				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. ----		17. INFORMANT & ADDRESS Melvin Shreve Mt. Lake Park, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Cardiac desies (Chronic)							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C) Causing the heart disease,							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None							
19a. DATE OF OPERATION -0-		19b. MAJOR FINDINGS OF OPERATION -				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. -----		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -----			
22. I hereby certify that I attended the deceased from March 10th 19 55 , to June 17th 19 55 , that I last saw the deceased alive on March 10th 19 55 , and that death occurred at 2:30 P. M, from the causes and on the date stated above.							
SIGNATURE JW Wenzel		M.D.		ADDRESS (Street, city, town, state) Oakland MD- June 18th 1955		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 6/19/1955		NAME OF CEMETERY OR CREMATORY Shreve Cemetery		LOCATION (City, town, or county) (State) Garrett County, Md.	
24. REC'D BY REGISTRAR 118/55		REGISTRAR'S SIGNATURE Julius A. Rowan		25. FUNERAL DIRECTOR'S SIGNATURE Herbert C. Leighton		ADDRESS Oakland, Md.	

MARYLAND STATE DEPARTMENT OF HEALTH - BUREAU OF VITAL RECORDS

CERTIFICATE OF DEATH

PLACE OF DEATH		DECEASED	
Home		James Thompson	
3 MI. West of Baltimore		Male	
Age 64 yrs.		Race White	
Married		Occupation	
Cause of Death		Date of Death	
Heart Disease		June 15, 1933	
Place of Burial		Date of Burial	
Home		June 15, 1933	

MANNER OF DEATH		DATE OF DEATH	
Natural		June 15, 1933	
Accident			
Suicide			
Homicide			
Undetermined			
Cause of Death		Date of Death	
Heart Disease		June 15, 1933	
Place of Burial		Date of Burial	
Home		June 15, 1933	

SIGNATURE OF DECEASED		DATE OF DEATH	
James Thompson		June 15, 1933	
Signature of Physician		Date of Death	
[Signature]		June 15, 1933	
Signature of Registrar		Date of Death	
[Signature]		June 15, 1933	

BUREAU OF VITAL RECORDS		DATE OF DEATH	
BUREAU OF VITAL RECORDS		June 15, 1933	

RECEIVED

JUN 23 1933

BUREAU V. S.

5620

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		MARYLAND		STATE W. Va.		COUNTY Monongahela	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Oakland		9 Months		TOWN Morgantown		85X-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
David Edward Shrout				June 27, 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	White	Divorced	Feb. 14, 1890	65 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Coal Miner		Bituminous		West Virginia		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
George R. Shrout				Jennie Pyle			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
no		236-12-7975		Max A. Shrout Star City, W. Va.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
241X IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B)						7 Hours	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE						years	
STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
None							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/30/54 , 19 55 , to 6/27 , 19 55 , that I last saw the deceased alive on 6/24 , 19 55 , and that death occurred at 2:30A M, from the causes and on the date stated above.							
SIGNATURE Thomas A. Lusk				ADDRESS (Street, city, town, state) Oakland, Md.		DATE SIGNED 6/27/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		6/30/1955		East Oak Grove Cem.		Morgantown, W. Va.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 6/27/1955		Julia L. Rowan		Herbert C. Leighton		Oakland, Md.	

INSTRUCTIONS

1
24 hours after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

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CERTIFICATE OF DEATH

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